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48150 75	90 05/12/2006							
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The second secon					(Date)			
APPLICATION NO.	FILING DATE	FIRST NAMED INVE			TOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.
09/965,521	65,521 09/27/2001 Roch Georges Archa				nbault	CA9-2000-0027 3302		
TITLE OF INVENTION: IN	TERPROCEDURAL DEA	D STORE ELIMIŅ	ATION				·	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PU	IBLICATION FEE	TOTAL FEE(S) DUE		DATE DUE
nonprovisional	NO	\$1400			\$300	\$17	00	08/14/2006
EXAMINER			ART UNIT		ASS-SUBCLASS			
RAMPURIA, SATISH 219			•		717-159000			
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2 regist				rinting on the patent front page, list names of up to 3 registered patent attorneys ts OR, alternatively, name of a single firm (having as a member a ed attorney or agent) and the names of up to ered patent attorneys or agents. If no name is to name will be printed. Douglas W. Cameron, Esq. McGirn IP Law Group, PIIC 2 3				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print o	or type)			
PLEASE NOTE: Unless	an assignee is identified be	clow, no assignee of	data will app	ear on t	he patent. If an assign	ee is identified	below, the d	locument has been filed for
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
INTERNATIONAL BUSINESS MACHINES CORPORATION ARMONK, NEW YORK								
Please check the appropriate	assignee category or catego	ries (will not be pri	nted on the p	atent):	☐ Individual 🙀 Co	orporation or ot	her private gr	oup entity 🚨 Government
4a. The following fee(s) are enclosed: A check in the amount of the fee(s) is enclosed. A check in the amount of the fee(s) is enclosed. A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpay Deposit Account Number 50-0510 (enclose an extra copy of this fee							dit any overpayment, to a copy of this form).	
5. Change in Entity Status		•			1 1			TD 1.05()(0)
	MALL ENTITY status. See				longer claiming SMA			
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Authorized Signature					07/13/26 J Date 31 FC#15	406 NIEYENE2 UNE 29, 14	00000233 5 2006 30.00 0a	9955521
Typed or printed name	JOHN J. ORESCH,	ESQ.			02 F(::15 Registration N	6. 46,67	49.00 DA	
This collection of informatio	n is required by 37 CFR 1.3	11. The information	n is required	to obtain	or retain a benefit by t	he public which	is to file (and	by the USPTO to process)

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